

**WATH-UPON-DEARNE
URBAN DISTRICT COUNCIL**



ANNUAL REPORTS

OF THE

**MEDICAL OFFICER
OF HEALTH**

AND THE

SANITARY INSPECTOR

FOR

1951

WATH-UPON-DEARNE URBAN DISTRICT COUNCIL

MEMBERS 1951

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**Annual Report of the
Medical Officer of Health
for the Year 1951.**

Public Health Department,
Dunford House,
Doncaster Road,
Wath-upon-Dearne.

*To the Chairman and Members of the
Wath-upon-Dearne Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of the district for the year ending 31st December, 1951.

The general health of the district remains good and the infant mortality rate of 22.2 per 1,000 is the second lowest rate ever recorded in Wath. There was one more infant death than in the previous year. The infant mortality rate for England and Wales was 29.6. There was a steady fall in the number of children born in the area and the number of births for 1951 has fallen to a lower level than in the pre-war years. In spite of this the adjusted birth rate is still higher than that for England and Wales—17.28 as against 15.5.

Continued progress has been made in the control of Pulmonary Tuberculosis and I would like to thank the Council for having rehoused every case of infectious tuberculosis that I have brought to your notice.

Continued satisfactory progress has been made in the provision of new homes for the residents of the district. By providing adequate housing for the inhabitants of the district the Council can exert a much greater influence on the eventual health and welfare of its citizens than by any other single action.

Co-operation between the hospital service, the general practitioners and the local health authorities continues on a satisfactory basis and such favourable statistics in an industrial area whose main industry is coal mining could not be possible without this co-operation.

I thank the members of the Council for their interest in the health of the district. I also thank Mr. Wilkinson, the Sanitary Inspector, with whom it has been a pleasure to share the work. I would like to thank the general practitioners and my medical staff whose hard work has contributed to the favourable statistics.

I remain,

Your obedient Servant,

D. J. CUSITER,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF WATH-UPON-DEARNE URBAN DISTRICT.

Area (in acres)	2,665
Population (Census 1931)	13,665
Registrar General's Estimate of Resident Population mid 1951	13,800
Natural Increase of Population in 1951	59
Number of Inhabited Houses (Census 1931)	3,375
Number of Inhabited Houses (31st December, 1951) ..	4,286
Nett Product of a Penny Rate	£208/16/5
Rateable Value	£65,770
Height above Sea Level	70—325 ft.
Rainfall for Year	25.02"

The main industry is coal mining and the associated manufacture of by-products. The smaller industries include glass making, cutlery, a brewery, the making up of cotton goods and agriculture. As in many areas where heavy industry is the main source of employment there is little demand for female labour of which there is a surplus.

COMPARATIVE VITAL STATISTICS FOR 1951.

	1951	1950	1951 Eng. & Wales.
Live Birth rate per 1,000 population:			
Crude	16.3	18.6	—
Adjusted	17.28	19.71	15.5
Stillbirth rate per 1,000 population..	0.43	0.58	0.36
Death rate per 1,000 population:			
Crude	12.03	11.54	—
Adjusted	12.99	12.46	12.5
Infant Mortality rate per 1,000 live births	22.22	15.5	29.6
Neo-Natal death rate per 1,000 live births	17.77	7.75	—
Maternal Mortality rate per 1,000 births	4.33	3.76	0.79

VITAL STATISTICS FOR 1951 IN DETAIL.

				Males.	Females.	Total.
Live Births: Legitimate	..	..		105	111	216
Illegitimate	..	..		9	—	9
Stillbirths: Legitimate	..	..		4	1	5
Illegitimate	..	..		—	1	1
Deaths of Infants under one year:						
Legitimate	..	..		2	1	3
Illegitimate	..	..		2	—	2
Deaths (all ages)	..	..	..	88	78	166
Birth rate per 1,000 estimated population:						
Crude	..	..	..	..	..	16.3
Adjusted	..	..	..	..	..	17.28

Stillbirths.

Rate per 1,000 births (live and still)	..	..	..	..	..	25.98
Comparability factors: Births	..	..	..	..	..	1.06
Deaths	..	..	..	..	..	1.08

Deaths from Puerperal Causes.

				Deaths.	Death rate per 1,000 births (live and still).
Puerperal and Post-abortion sepsis	..	..		—	—
Other maternal causes	..	..		1	4.33

Death rate of Infants under 1 year of age.

All infants per 1,000 live births	..	..	..	..	..	22.22
Legitimate infants per 1,000 legitimate births	..	..	..	..	..	13.88
Illegitimate infants per 1,000 illegitimate births	..	..	..	..	..	222.22
Neo-Natal death rate	..	..	..	..	..	17.77

Causes of Death in 1951.

					Males.	Females.
1. Tuberculosis (Respiratory)	..	..	..		1	1
2. Tuberculosis (Other)	..	..	..		—	1
3. Syphilitic disease	..	..	..		1	—
4. Diphtheria	..	..	..		—	—
5. Whooping Cough	..	..	..		—	—
6. Meningococcal infections	..	..	..		—	—
7. Acute Poliomyelitis	..	..	..		1	—
8. Measles	..	..	..		—	—
9. Other infective and parasitic diseases	..	..	..		—	—
10. Cancer of Stomach	..	..	..		1	2
11. Cancer of Lungs or Bronchus	..	..	..		4	—
12. Cancer of Breast	..	..	..		—	3
13. Cancer of Uterus	..	..	..		—	1
14. Other cancer or lymphatic cancer	..	..	..		3	5
15. Leukaemia or aleukaemia	..	..	..		—	—
16. Diabetes	..	..	..		—	1
17. Vascular lesions of the nervous system	..	..	..		9	12
18. Coronary disease or Angina	..	..	..		11	4
19. Hypertension with heart disease	..	..	..		1	—

						Males	Females
20.	Other heart disease	..	..	..	..	23	26
21.	Other circulatory disease	..	..	..	..	2	4
22.	Influenza	..	..	..	..	2	—
23.	Pneumonia	..	..	..	..	3	2
24.	Bronchitis	..	..	..	..	3	1
25.	Other diseases of the respiratory system	..	..	..	..	1	—
26.	Ulcer of the stomach and duodenum	..	..	..	..	1	1
27.	Gastritis, Enteritis or Diarrhoea	..	..	..	..	1	2
28.	Nephritis or Nephrosis	..	..	..	..	4	3
29.	Enlarged prostate	..	..	..	..	1	—
30.	Pregnancy, childbirth or abortion	..	..	..	..	—	1
31.	Congenital malformation	..	..	..	..	—	—
32.	Other defined or ill-defined diseases	..	..	..	..	9	7
33.	Motor vehicle accidents	..	..	..	..	1	—
34.	All other accidents	..	..	..	..	5	1
35.	Suicide	..	..	..	..	—	—
36.	Homicide or operations of war	..	..	..	..	—	—
Totals						88	78

Comment on Statistics.

There were 225 live births in the course of the year, 33 less than in the previous year. This follows the general trend which is for the birth rate to fall to the level existing pre-war.

Year.	Total live births.
1938	246
1939	255
1940	235
1941	190
1942	260
1943	253
1944	235
1945	228
1946	290
1947	311
1948	270
1949	248
1950	258
1951	225

The above table shows the fall in the number of births at the beginning of the war followed by the increase on demobilisation with a gradual but continued fall ever since. The number of births for 1951 is less than pre-war although the estimated population is 500 greater. In spite of this the adjusted Birth Rate is still higher than that for England and Wales, 17.28 per 1,000 as against 15.5 per 1,000.

There was one maternal death (the only maternal death in the health division). The cause of death was central respiratory paralysis following spinal anaesthesia and occurred in hospital practice.

There were five infant deaths, one more than during the previous year, giving an infant mortality rate of 22.2. The second lowest rate ever to be recorded in Wath and well below the National rate of 29.6. Two of these deaths were of illegitimate children, emphasising the need for greater ante-natal supervision of the unmarried mother, who of course tends to avoid ante-natal supervision. The increase in the Neo-Natal death rate is due to the fact that four of the deaths occurred before the 28th day.

The main cause of death is cardiac disease, diseases of the blood vessels and strokes, and cancer. All these diseases are found with great frequency in old-age and of course there are more old people in Wath than ever before. We are an ageing population. The statistics merely underline this.

Deaths of Infants under one year of age, 1951.

<i>Cause of Death.</i>	<i>Aged.</i>	<i>Died at</i>
1. Gastro Enteritis	3 months	Hospital
2. Prematurity	8 hours	Hospital
3. Atelectasis	2 days	Home
4. Atelectasis, prematurity	1 day	Home
5. Cardiac Failure and prematurity	2 days	Home

Three infants died from prematurity which remains the hard core of infant mortality. Some of the possible causes are known—multiple pregnancies—ill health of the mother—toxaemia—too frequent pregnancies—faulty nutrition—differences in the blood of the mother and foetus—lack of adequate rest particularly in the last months of pregnancy and defects in the infant. Some cases occur for no apparent reason. The number of premature births can be reduced by adequate rest in the last 2–3 months of pregnancy, by early booking with the family doctor or midwife so that ante-natal supervision commences early, by attention to nutrition including the vitamin supplements supplied by the Ministry of Food and by examination of the mother's blood early in pregnancy—mothers who do not wish to attend the ante-natal clinics may attend for blood examination (I arranged this at the beginning of the year)—all the above measures are of use. Once the baby is born special arrangements are made for the nursing of the child under the supervision of the family doctor. Premature cots, oxygen, etc., are all readily available night or day. Only one infant died from an infective condition.

An infant mortality rate of 22/1,000 is excellent for any area and for an industrial area like Wath it can only be attained by solid work by all members of the health service including the family doctor. The steady improvement in the housing position since the war has, in my opinion, helped to lower the figure. Let us continue our efforts until the rate becomes stabilised.

Section B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospital Services.

Wath-upon-Dearne is in the Sheffield Regional Hospital Board area. Rotherham and Mexborough Hospital Management Committee provide services in the area.

General Hospitals are :

- (a) Moorgate General Hospital, Rotherham.
- (b) Doncaster Gate Hospital, Rotherham.
- (c) Montagu Hospital, Mexborough.

In special cases patients may be referred to hospitals outside the area, e.g., Sheffield.

Geriatric Hospital.

Badsley Moor Lane, Rotherham.

A unit has been established here for the rehabilitation of aged sick. Admission to this hospital is invariably through Moorgate General Hospital where the selection of suitable cases is made. This unit is doing invaluable work for the aged sick.

Infectious Diseases.

Wath Wood Isolation Hospital was for cases of general infectious disease. Partly owing to the success attending public health measures of prevention of infectious disease this hospital had always the majority of its beds unoccupied. The Regional Hospital Board decided to close Wath Wood Infectious Diseases Hospital on the 31st December and to reopen it on the 1st January, 1952, as a hospital for Tuberculosis. As Medical Officer of Health I am in agreement with this policy which will release a number of beds which have been unoccupied for years for the pressing need of the young tubercular patient. Cases of Polio-myelitis and Smallpox are admitted to Lodge Moor Hospital, Sheffield.

Maternity Hospitals.

The following hospitals cater for midwifery in cases where hospital care is considered desirable:

- (a) Montagu Hospital, Mexborough.
- (b) Moorgate General Hospital, Rotherham.
- (c) Listerdale Maternity Home, Rotherham Rural District.
- (d) Hallamshire Maternity Home, Chapeltown.

The Jessop Hospital, Sheffield, admits special cases.

Mental Hospitals.

Cases of mental illness are sometimes accommodated for observation at Moorgate General Hospital. The Middlewood Hospital, Sheffield, admits the majority of our cases for treatment.

Tuberculosis Sanatoria.

Cases are admitted to sanatoria by arrangement with Dr. F. C. N. Holden, Chest Clinic, Exchange Buildings, Market Street, Mexborough.

Children's Hospital—Special Cases.

Sick Children's Hospital, Western Bank, Sheffield.

Venereal Diseases.

Diagnosis and treatment is carried out at the special treatment centre, Queens Road, Barnsley, or at 12 Frederick Street, Rotherham, or at centres elsewhere. There is absolute freedom in the choice of centre and treatment is confidential. A Social Worker assists in tracing contacts. The incidence of venereal disease is negligible. In the course of the year posters have been distributed for display in all factories in the area with the addresses of the local treatment centres superimposed.

Ambulance Service.

The division is covered by the County Ambulance Service operating from a depot at Dunford House. The Superintendent, Mr. F. Hyde, is in charge. There were no complaints received and the number of vehicles is sufficient to meet all demands.

Laboratory Service.

The Public Health Laboratory, Wakefield, is the centre for detailed investigation of bacteriological specimens. The services of such an efficient laboratory as this make all the difference between success and failure in investigating outbreaks of disease. Examinations of the bacterial purity of water, milk, ice-cream, etc., is also carried out by this laboratory. Blood grouping for the maternity services is carried out by the Regional Blood Transfusion Centre, Sheffield.

Notification of Infectious Diseases.

Ward.	Measles.	Whoop'ng. Cough.	Scarlet Fever.	Polio- myelitis.	Menin- gitis.	Pneu- monia.	Total.
Wharncliffe ..	7	6	1	—	—	1	15
Melton ..	9	16	1	—	1	—	27
Winterwell ..	5	20	—	—	—	—	25
Central ..	40	39	9	1	—	—	89
East ..	5	10	—	—	—	2	17
Totals ..	66	91	11	1	1	3	173

Diphtheria.

No cases of Diphtheria were notified in the course of the year—the last notified case being in 1948, although these were not confirmed on admission to hospital. The last confirmed case was in 1946. There has been a 25% increase in the immunisation rate in the 5–15 group, giving a good protection to the group. If the mothers, however, do not have more of the under 5's immunised Diphtheria may return, as only 53% of this group is protected. Some Wath mothers think their children should not be protected until they are a year old. Immunisation against Diphtheria should be completed by the first birthday—and

certainly be commenced at the eighth month. The disease remains as great a potential menace as ever.

Poliomyelitis.

Only one case was notified—the patient died after admission to Lodge Moor Isolation Hospital.

It must be remembered that experimental evidence suggests that for every case of Poliomyelitis that comes to diagnosis there are anything from 1 to 100 cases walking about infected with the disease, and capable of spreading it but showing no clinical signs and apparently appearing quite fit and well. The method of spread is obscure but the virus is definitely passed in the excreta of infected cases and has been recovered from such cases for periods up to several weeks after infection. The virus has also been recovered from the nose and throat discharges of infected cases. It may be spread by flies. There are no known means of prevention. Control is effected by early diagnosis and isolation of all cases during the infectious period. In this connection the most infectious period is a few days before the acute stage of the illness and also the first week of the illness, or until the temperature is normal. Articles soiled with nose and throat or bowel discharge should be simply disinfected. Children who are home contacts should be excluded from school for 21 days. During epidemics, or in cases of known exposure, children should avoid getting overtired. This means early to bed in the summer months. They should avoid crowded places where hundreds of children are brought close together and ventilation is inadequate. Staying in swimming baths too long so that the children become thoroughly chilled puts an extra strain on the child's resistance and is to be condemned. Flies should be kept off food especially food which is to be eaten uncooked. The hands must be washed before every meal and always after using the toilet. By failing to do this the virus may be transferred to the mouth and so into the body. If anyone develops a headache, sore throat, severe pains in the back and limbs and slight fever, they should retire to bed, stay at rest and call the family doctor. When the disease develops, out of every 1,000 cases, more than 50 will have complete recovery and many of the remainder will only have partial paralysis. Incidentally, road accidents killed six times as many people as did Poliomyelitis in the severe 1947 epidemic in England and Wales and severely crippled 35 times as many. There is no doubt that early diagnosis and complete rest in bed may save paralysis from assuming severe proportions. Information on the above lines was circulated to all headteachers during the course of the year so that they would have some knowledge of the disease, as an educated public will go a long way towards preventing panic when infrequent cases arise.

Measles.

A small outbreak continued from the previous year and died out in June. It was mild in nature and complications were few.

Scarlet Fever.

Sporadic cases occurred throughout the year. Where adequate isolation can be obtained at home it is best to nurse such cases at home. The only exception being in the case of food or milk handlers or where

close contacts with such work cannot be avoided. Such cases should be isolated in a hospital for infectious diseases.

Whooping Cough.

There was a severe outbreak continuing from March to August. With the disappearance of Diphtheria, Whooping Cough has assumed first place as the major infectious disease of infancy. It is a dangerous, crippling disease and may affect the lungs or bronchi for life, causing death in infancy and accelerating death in later years. As soon as a reliable vaccine is produced it will be our policy to protect the children of the district. It often attacks children below the age of six months, hence immunisation for Whooping Cough will have to be done at an early age.

Puerperal Pyrexia.

The Puerperal Pyrexia regulations came into force on the 1st August, 1951. The definition now includes any febrile condition occurring in a woman in whom a temperature of 100.4 degrees fahrenheit or above has been recorded within 14 days of childbirth or miscarriage.

Tuberculosis.

Number on Register at 31st December, 1951:

	Males.	Females.	Total.
Pulmonary	22	14	36
Non-Pulmonary	8	7	15
Totals ..	30	21	51

Number removed from Register during 1951:

	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
Deaths	1	1	—	1	3
Others (Cured, re-diagnosed, Transfers, etc.)	8	1	—	3	12
Totals ..	9	2	—	4	15

Additions to Register during 1951:

	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
New notifications ..	8	4	3	1	16
Others (Restored, transfers in, etc.)	—	—	—	—	—
Totals ..	8	4	3	1	16

New Notifications—Pulmonary.

Age Groups.			Males.	Females.
0—5 years	..	..	1	—
5—15	„	..	—	—
15—25	„	..	3	3
25—35	„	..	1	—
35—45	„	..	1	1
45—55	„	..	2	—
Totals			8	4

Number of contacts given B.C.G. Vaccine = 5.

Tuberculosis Death Rate.

1951	1950	1951
Wath	Wath	England & Wales.
0.22	0.43	0.31

Tuberculosis.

Tuberculosis is the outstanding infectious disease of major importance that has yet to be overcome in the country. New methods of treatment and diagnosis have favourably influenced the control of the disease in the last few years.

In this area there has been no lack of co-operation between the Chest Physician of the Regional Hospital Board and the Medical Officer of Health and the service has not suffered in any way by the transfer of the clinical side to the Regional Hospital Board. Close co-operation is of vital importance.

When a case of infectious tuberculosis exists in a sub-standard home (all cases are not necessarily infectious) the unfortunate occupants of that house suffer a 4–5 times greater risk of developing the disease than the rest of the population. In this respect tuberculosis is a family disease and for this reason it is so important to rehouse infectious cases in adequate homes. Rehousing is beginning to be looked on by the layman as part of the cure of tuberculosis, whilst it may be of psychological effect in this respect and only those of little experience and faith can afford to ignore the psychological effects, the main factor is to prevent the spread of the disease in the family. This is of prime importance where young adults and children are at risk. I am pleased to report that in every case where representation has been made by me as your Medical Officer of Health the occupants have been rehoused to my satisfaction. In this way the Local Housing Authority has assisted the health authority and its own citizens to overcome a grave disease.

The role of the sanatorium is also changing, with modern methods of treatment and a shortage of nursing staff, the patient now spends much less time in the sanatorium but during that time may undergo extensive surgical operations. When they return home, drug treatment is often continued. Thus the patient now spends more time at home and may need more help. Separate sleeping accommodation is essential for such cases. Where, owing to loss of earning capacity the patient cannot afford to buy the bedding, bed, etc., these can be supplied by the West Riding County Council on loan, provided it is used for isolation

purposes in the patient's home. Two pints of milk per patient per day may also be supplied free of charge—wax proof sputum containers with a lid are regularly supplied from Dunford House. These when soiled are destroyed by burning in the fire.

Contacts are periodically checked by the Chest Physician. Child contacts are supervised also by the school health service.

The tuberculosis health visitor, Nurse Dodds, acts as the patient's link between the chest physician and the medical officer of health.

Early medical attention, the X-ray of all contacts and suspects and all old chronic bronchitics will assist in reducing the disease still further. Child contacts can be given B.C.G. vaccine. There is no undue delay in obtaining sanatorium accommodation.

A mass radiography survey was carried out in the course of the year and the unit attended at Manvers Main and the Town Hall. The following table gives the results as later discovered:

	Abnormalities discovered.			
	Tuberculosis.			
Number examined.	Active.	Inactive.	Others.*	Total.
4,204	5	52	104	161

With the consent of the patient the family doctor was notified of the findings by the director of the unit, as of course all mass X-ray findings are confidential in order to protect the individual. I feel that good progress is being made in the district against Tuberculosis.

Section 47, National Assistance Act, 1948.

Action was taken in one instance where an elderly widow was living alone in rather grim circumstances. She had consistently refused home help, district nurse and any assistance. She refused to live with relatives. A magistrate's order was obtained and the patient was removed to a local hospital. One extension was applied for and granted and thereafter the patient settled down and became a voluntary patient.

Sanitary Circumstances of the Area and Housing.

Sewerage.

Extensions to sewers have been carried out in the new housing estates. The existing sewer along the course of the Brook Dyke is heavily surcharged after only light rain.

Waterworks.

Satisfactory service continued. The water supply is fully treated and samples are taken regularly for complete analysis. The supply is of highest purity but is extremely hard as it comes from bore holes in the limestone strata.

Housing Progress.

80 houses were built for the council during the year and 11 by private enterprise giving a total of 91 new houses. This steady progress in providing homes for the people of Wath will do more for their health and happiness than any other single measure of the "Welfare State."

There is still property in occupation that was considered for clearance before the war, let us hope that the time is drawing near when this clearance can be commenced.

* Others included one case of Pneumoconiosis and Tuberculosis, and also cover a range of chest diseases including one case of new growth.

PERSONAL HEALTH SERVICES—DIVISION 26.

(Wath, Rawmarsh and Swinton Urban Districts.)

Summary of Vital Statistics for 1950 and 1951 for Division 26.

	1951	1950
Area of Division	7,990	acres
Estimated Population	44,460	
Birth Rate (per 1,000 estimated population)	17.0	18.04
Death Rates (per 1,000 estimated population):		
All causes	11.9	11.47
Cancer	1.33	1.57
Heart and Circulatory	4.48	4.34
Infective and Parasitic Diseases, excluding T.B. ..	0.05	0.11
Respiratory Diseases	1.60	1.28
Respiratory Tuberculosis	0.29	0.29
Other Tuberculosis	0.69	0.07
All Tuberculosis	0.38	0.36
Maternal Mortality	1.30	2.44
Infant Mortality (Rate per 1,000 live births) ..	31.7	36.16

Comparative Table of Statistics for Urban and Rural Districts in the West Riding and England and Wales for 1951.

	Live Birth Rate.	Death Rate.	Infective and Parasitic Dis. excluding T.B. Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases	Cancer.	Tuberculosis Death Rate.	Infant Mortality Rate.	Maternal Mortality.
Division 26 ..	17.0	11.9	0.05	1.60	4.48	1.37	0.38	31.7	1.30
U.D.'s in West Riding	15.6	13.5	0.11	1.90	5.10	1.89	0.28	30.8	0.81
R.D.'s in West Riding	16.5	10.7	0.09	1.55	3.72	1.56	0.27	34.3	1.24
Administra- tive County	15.8	12.7	0.10	1.81	4.72	1.80	0.28	31.8	0.93
England and Wales ..	15.5	12.5	—	—	—	1.96	0.31	29.6	0.79

Home Nursing Service, Division 26.

The staff consists of six full-time nurses, 1 Home-Nurse-Midwife, and 3 part-time Home Nurses. The service is available to all sick people, including children, who are being cared for at home. Requests for attendance of the Home Nurse should be made by the family doctor. Equipment is also issued, on loan, for such cases, e.g., 7 Dunlopillo mattresses, 3 hair mattresses, 2 beds complete with self-lifting pole, 2 ordinary beds, 1 air bed, 1 Sorbo mattress, 4 folding wheel chairs, bed pans, urinals, air rings, bed rests, crutches, walking sticks, etc.

The Home Nurse works in close contact with the family doctor and carries out treatment under his instructions. They give a large number of penicillin injections for acute diseases, injections of pain-easing drugs for malignant disease, sedatives in the case of heart failure,

injections of insulin for those diabetics who are too old to be trained to self-administer it. In many cases they train relatives to give the insulin. They are the "sheet anchor" in the home care of the elderly sick and infirm. Without their help many more of these cases would have to be admitted to hospital.

The service is still not used to proper advantage by some of the aged sick, particularly where husband and wife may both be infirm but are too independent to ask for assistance.

In some cases application is made to the National Assistance Board for assistance in providing bed-linen and blankets, and all such cases have been most satisfactorily dealt with by Mr. J. Millar, Area Officer of the National Assistance Board. In the Swinton area assistance is rendered to cases that do not qualify for the National Assistance Board grant by the Swinton and District Nursing Association. This assistance is a great comfort to the aged sick of Swinton. Last year Home Nurses made a total of 23,220 visits to 842 *individual cases*, 110 more individual cases than last year.

We were fortunate in the Wath area in obtaining the services of Nurse Gorse, a Queens trained nurse who is a welcome addition to our staff. I have to report that the service is in a most satisfactory state.

INFANT WELFARE CENTRES.

Centre.	Doctor in Charge.	No. of individual children who attended during year.	Total No. of attendances made by children in previous column during the year.	
			Under 1 yr. of age.	Over 1 yr. of age.
Wath	Dr. J. G. O'Keeffe	180	1820	431
West Melton ..	Dr. J. G. O'Keeffe	167	1716	591
Swinton	Dr. I. Campbell	520	2717	1034
Kilnhurst* ..	Dr. H. A. Adam	101	424	212
Rawmarsh ..	Dr. H. A. Adam	605	1338	850
Parkgate ..	Dr. M. R. Menzies	156	486	243
Totals		1729	8501	3361

* Commenced 11.7.51.

No. of Home Visits made by Health Visitors within the Division during the Year :

	First Visits.	Total Visits.
Expectant Mothers	243	304
Children under 1 year	766	5184
Children between 1 and 5	69	8578
Other Cases	448	5909
Totals	1526	19975

Health Visiting Service.

The staff consists of 7 Health Visitors and 2 Assistant Health Visitors. Each Health Visitor is also employed as a School Nurse. In the course of the year two Assistant Health Visitors proceeded on

the training course, one at Hull and one at Leeds and another returned from Leeds having qualified as a Health Visitor.

The clerical staff at Dunford House have been made responsible for the sale of dried foods at the Infant Welfare Centres thus allowing the Health Visitors more time for their own work. A new centre was opened at Kilnhurst in July and the one held at Rock House on Wednesdays was closed. Specialist opinion is obtained by referring cases to the family doctor and, with his permission to Dr. Harvey, the *Child Health Specialist*. The main purpose of all the centres is to advise the mother on good child management and such advice is given by the Medical Officer in charge and by the nurses. Sick children should not be taken to the centres but to the family doctor who is responsible for the treatment of the child.

Attendance at the centres is satisfactory. The Health Visitor also visits the homes of all children in the area, maintaining a close link with the family doctor, the Children's Officer, the Welfare Services and the N.S.P.C.C. Selective visiting is carried out, the frequency of the visits being related to need. Several talks by acknowledged experts on Breast Feeding were arranged for the Health Visitors in the course of the year.

BIRTHS.

	Domiciliary.	Institutional.	Proportion of Domiciliary to Institutional.
Wath	151	80	2 : 1
Swinton	134	75	2 : 1
Rawmarsh	147	185	7 : 9

ANTE-NATAL CLINICS.

Clinic.	Doctor in Charge.	No. of women who attended.	No. of women who attended for blood examin. only.	Total No. of attendances made by women.
Wath	Dr. D. Chapman	85	25	390
Swinton	Dr. H. H. Smith	186	—	776
Rawmarsh	Dr. D. Pindar	128	76	314
Rawmarsh (Midwives* Barber's Av.)	Midwives only in attendance	76	—	303
Rawmarsh (Midwives† Nurses' Home)	Midwives only in attendance	90	—	423
Totals		565	101	2206

* Commenced 5.7.51.

† Ceased 30.6.51.

POST-NATAL CLINICS.

(Held jointly with Ante-Natal Clinics.)

Clinic.	Doctor in Charge.	Number of women who attended.	Total No. of attendances made by women.
Wath	Dr. D. Chapman	34	34
Swinton	Dr. H. H. Smith	53	53
Rawmarsh	Dr. D. Pindar	39	43
Totals		126	132

Maternity Services—Division 26.

The basis of a satisfactory maternity service as at present organised rests on adequate co-operation between the midwife, family doctor and hospital services. It has been my aim to ensure this co-operation as far as the Local Health Authority is concerned. Family doctors are notified of abnormal findings at the ante-natal centres. Arrangements were made in mid-year to extend blood examination to mothers not attending ante-natal centres. All cases so examined receive a card on which their blood group is printed so that there is no delay or danger when a transfusion is required. In the course of the year the clinic conducted by midwives at the Nurses' Home in Rawmarsh was transferred to the County Clinic at Barber's Avenue. A health visitor normally attends each ante-natal clinic and advises in infant care. This teaching of the young mothers is one of the most important functions of an ante-natal centre. Two midwives proceeded on refresher courses, one at Oxford and one at Bristol. All midwives are trained in the use of the Gas and Air machine and the majority in the use of Pethedine, a synthetic drug used by itself or in conjunction with gas and air and intended to afford relief in childbirth. Mothers are offered post-natal examination but only a wise minority accept. Defects discovered at this time are more easily dealt with than at a later date and in this respect the examinations can save a great deal of subsequent chronic ill health.

PREMATURE BIRTHS.

District.	Born Alive.			Still-Born.			No. Rem. to Hosp. after Birth.	No. who survived 28 days.		
	At Home	In Hosp.	Total.	Home	Hosp.	Total.		Born at Home.	Born in Hosp.	Total.
Wath ..	7	12	19	2	2	4	1	4	12	16
Swinton ..	6	5	11	—	2	2	2	5	3	8
Rawmarsh..	6	17	23	2	2	4	—	5	14	19
Totals ..	19	34	53	4	6	10	3	14	29	43

Special cots are delivered by the ambulance service for nursing premature babies, i.e., babies weighing $5\frac{1}{2}$ lbs. or under at birth; the majority of the midwives have been on courses in premature baby care at the Sorrento Maternity Institute, Birmingham, so that our premature babies will be given every chance of survival. Where there is no associated abnormality or defect they have an excellent chance. A reduction in the number of premature births can only be achieved by attention, throughout pregnancy, to nutrition, rest and efficient ante-natal care.

Care of the Unmarried Mother and her Child.

Special attention is given to this problem on account of the social implications and because such cases tend to avoid ante-natal care. Arrangements can be made for the confinement to take place in institutions where this is requested and applicants are given assistance in obtaining maintenance orders and notified of arrangements for adoption. The majority of the children are kept by the mother and in some cases the grandparents. This is the ideal solution.

Domestic Help Service.

191 cases were assisted in the course of the year and 4,860 more hours were devoted to the care of the cases. There was an overall increase of 9 aged cases receiving assistance. This was made possible by the fact that 10 less confinements had to be assisted.

Where both husband and wife are aged and infirm we are often requested to provide what amounts to a full-time service; this cannot be done and such cases are given adequate assistance to keep the home neat and tidy and are advised to seek help from voluntary organisations for their other needs.

This is a most necessary service and in the course of the year no genuine case has been refused assistance. It requires careful supervision and all cases are reviewed periodically and the time allocated. revised if necessary.

Divisional Statistics for Domestic Help Service.

Establishment of Domestic Helps	..	..	13	Full-time.
No. of Domestic Helps employed	..	..	14	Part-time.

Cases provided with Domestic Help during the year ended 31st December, 1951:

	No. of cases.	Hours.
Illness (excluding aged):		
(a) Tuberculosis	2	590
(b) Others	28	5764
Confinements	84	6991½
Expectant Mothers	6	665
Mentally Defective	—	—
Aged:		
(a) Illness	64	8952½
(b) Infirmary	3	553¼
Children of School age	4	1170
Totals	191	24686¼

MENTAL HEALTH SERVICE.

Mentally Defective Persons.

	Wath.	Rawmarsh.	Swinton.	Total
(1) (a) Total No.	36	39	28	103
(b) No. ascertained during 1951	1	4	2	7
(2) (a) No. under Guardianship	2	3	1	6
(b) No. under Statutory Supervision	30	30	23	83
(c) No. under Voluntary Supervision or Observation	2	5	4	11
(d) No. on licence from Institutions	2	1	—	3

	Wath.	Rawmarsh.	Swinton.	Total
(3) (a) No. awaiting Institution admission	2	8	2	12
(b) No. attending Occupation Centres	—	—	—	—
(c) No. receiving home training	—	—	—	—
(d) No. in remunerative employment	10	8	6	24

The position as regards the service is unchanged from my last report. The social worker visits all cases in turn and renders reports on the cases on licence, or home reports on those awaiting discharge. For a short period we had the services of a mental health home teacher for the cases that could benefit by simple methods of instruction and play. This service was greatly appreciated by the mothers who were thereby relieved of their endless burden of constant vigilance. Unfortunately with the resignation of the home teacher this relief was denied them.

Twenty-four of the higher grade cases are in remunerative employment and present only the problem of occasional supervision. There are now twelve awaiting institutional accommodation, two more than last year. This waiting list must increase year by year, in the meantime the burden of their care falls on the parents. The patients awaiting admission are of the low grade type and some are beyond human contact. A few others are destructive, noisy and anti-social in their behaviour. No relief can be afforded such homes until the cases are admitted to institutions. It does not require any great imagination to picture the misery and constant mental stress in such homes. As far as institutional accommodation goes there is a waiting list of over 1,000 cases in the area of the Sheffield Regional Hospital Board. This is the largest urgent waiting list of any of the regions in England and Wales. Those of us whose duty it is to visit such homes are in no doubt that a very strong case exists for urgent action in providing suitable accommodation even if capital expenditure is involved.

Birth Control Service.

The clinic previously held at Rock House and administered by the Local Health Authority was transferred on the 24th August to the Family Planning Association. It is now held at the Child Welfare Centre, Adwick Road, Mexborough, and is known as the Mexborough Family Planning Clinic. The aim of the clinic is to assist married people in the planning of their families. A clinic run by such a voluntary association can give advice concerning a much wider range of problems than a Birth Control Clinic run under the control of the Ministry of Health.

CHILDREN LIKELY TO BE NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

The Divisional Medical Officer is the appointed co-ordinating officer for the investigation of cases of child neglect or ill-treatment. Committee meetings held at Dunford House are attended by the Senior

Sanitary Inspector and Health Visitor from each area, the Probation Officer, the Divisional Education Officer, School Welfare Officers, Assistant Children's Officer, a representative from the National Assistance Board and the Local Inspector of the N.S.P.C.C.

Information on cases under observation is exchanged and, as far as possible, care is taken to avoid visiting by too many case workers. The aim is to prevent serious child neglect arising. I think we had some success in our efforts, but I am of the opinion that until some form of compulsory re-education of the mothers involved is permitted by law we shall have no lasting success. Mothers of neglected children are not necessarily cruel—they are always bad managers, often plausible and generally indolent. Some are mentally dull. Prison sentences do not affect such people; they regard a period in prison as another stroke of bad luck. Poverty in the financial sense has no bearing on the matter as many of the worst families have perfectly adequate incomes.

The husband in such homes is either indifferent and goes his own way, spending a large part of the family income in so doing, or else he gradually sinks to the same level of squalor and degradation as his wife. A good mother often quite successfully shields the children from the evil influences of a bad father, but if a mother is a bad manager the children are almost sure to be neglected in spite of all the father may try to do.

To remove the children from such homes is a confession of failure, unless the children are cruelly treated, when no other course may be open. The problem is a complex one and there may be many factors that would help in a solution, but no lasting solution will be found without the re-education of the mother in homecraft and mothercraft. This in itself has given good results where it has been attempted and may well prove the cheapest way in the end. Re-educating people who have no wish to be educated is a problem in itself but the Brentwood Home in Cheshire and the Salvation Army Homes have proved it can be done.

It would be too simple to believe that the formation of a committee would solve this problem. All the cases under review have been well known to the Public Health Departments for many years, in some instances as far back as three generations. The problem is a serious one because this small section of the community contains a higher than average proportion of juvenile delinquents and young criminals and in addition the children and their parents are a constant source of anxiety to all who have to deal with them.

CARE AND AFTER-CARE.

Admissions and discharges from all local hospitals are notified to the Medical Officer of Health. The scheme now covers the United Sheffield Hospitals and the Sheffield National Centre for Radiotherapy. Where these hospitals require information about a patient's home circumstances, for example, whether it will be wise to discharge the case; whether we can provide a Home Nurse, Home Help, or special nursing for premature babies, they merely contact the divisional office and the information is given them. Brief particulars of the care required by a patient are supplied and on this appropriate action is taken by the

nursing staff after consultation with the patient's family doctor. We are similarly informed of all discharges from sanatoria so that we can offer assistance and supervision. Discharges from mental hospitals are notified and in this case the patient is approached by a confidential letter stating that if they have any problems or difficulties our Mental Health Social Worker will be pleased to call and assist if they apply to the divisional office.

DETAILS OF ASSISTANCE AFFORDED BY THE HEALTH DEPARTMENT TO PATIENTS.

	No. of cases.
Assisted by Midwife	149
Assisted by Home Nurse	106
Assisted by Health Visitor	421
Nursing Equipment provided	6
Home Help arranged	12
Rehabilitation arranged	2
Referred to Convalescent Homes	2
Background Reports provided for Hospital Staffs	496
Number of Patients referred to Medical Officer on Discharge ..	663

Category of Patients assisted.

Baby: Premature up to $5\frac{1}{2}$ lbs.	30
Normal over $5\frac{1}{2}$ lbs.	119
Children: 1—14 years	103
14—18 years	—
Adults: Over 18 years	420
Chronic Sick: Persons in need of nursing care over a long period	64
Aged and Infirm: Any infirm over 65 years	73
Handicapped: Blind, deaf and dumb, cripples	3

Diphtheria Immunisation.

Diphtheria is becoming a rare disease, a few years ago outbreaks were commonplace and many deaths took place. When the disease reappears as it has done on occasions in some areas, the mortality is as high as it ever was. The disease has become a rarity owing to the success of immunisation in infancy followed by re-inforcing doses at appropriate intervals.

I am pleased to report that for the first time Wath and Rawmarsh show excellent figures for the age group 5—14: 76.8 and 79% immunised. Swinton retains its usual high figure of 89%. For the age group under 5 only one half to one third of the children are protected in each area. This means that if Diphtheria starts in the division it could easily spread through the infant population and produce an epidemic. Everyone must be made aware that it is the infants we must protect until at least 75% are immunised. All mothers should be informed that because Diphtheria is now a rare disease there is all the more need for immunisation as there is less chance of an infant developing a natural immunity through contact with small doses of the germ (natural resistance can only occur by these means). Where there is no natural resistance immunity must be supplied to take its place, i.e., by immunisation.

DIPHTHERIA IMMUNISATIONS.

Urban District.	No. of Children Immunised in 1951.			No. of Children given booster doses during 1951.	No. of Children Immunised at any time up to 31/12/51.			Estimated Mid-Year Population.			Percentage.	
	Under 5 Yrs.	5—14 Yrs.	Total.		Under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.
Wath ..	215	79	294	240	696	1652	2348	1309	2151	3460	53.2%	76.8%
Swinton ..	144	153	297	375	567	1613	2280	1143	1800	2943	49.6%	89.6%
Rawmarsh ..	185	177	362	184	655	2285	2940	1691	2893	5484	38.7%	79.0%

A great deal of publicity has been given to the possible association of Poliomyelitis and immunisation against Diphtheria or Whooping Cough. No case of Poliomyelitis has been precipitated by immunisation in the division. Where such cases have arisen, injections have been given into the muscle and an unproved theory is that any damage to muscle substance may, in a person carrying the Poliomyelitis in their body, localise paralysis in the limb injected. It has been seen following various types of *muscle injection*, including penicillin injections. All Clinic Medical Officers are advised to give injections of A.P.T. and T.A.F. by the Deep Subcutaneous method and to avoid using muscle injections; similarly for Whooping Cough Immunisation. By this means all possibility of serious complication should be avoided.

Number of Persons Vaccinated or Re-vaccinated during 1951.

Age at 31.12.51, i.e., born in years.	Under 1 1951.	1—4 1947/50.	5—14 1937/46.	15 or over before 1937.	Total.
No. vaccinated:					
Wath	21	6	—	5	32
Swinton	13	3	4	3	23
Rawmarsh ..	15	3	—	3	21
No. re-vaccinated:					
Wath	—	—	—	12	12
Swinton	—	—	—	9	9
Rawmarsh ..	—	—	—	1	1

Smallpox Vaccination.

Since the repeal of the Vaccination Acts in 1948 there has been a substantial decline in the number of children vaccinated in infancy. Smallpox is a most serious disease carrying a mortality of 30–50%. It is remarkable for its high rate of infectivity and the persistence of the infection; for periods of up to six months in dust, etc., where no disinfection has taken place. It is prevented by vaccination in infancy and re-vaccination either in later life or when an outbreak arises. Vaccination in infancy carries some slight risk of complications but these are much less than the complications that may arise if vaccination is carried out for the first time in later years. Re-vaccination is a simple procedure at all ages.

None of the modern drugs can prevent death in severe cases of Smallpox—this fact coupled with the yearly introduction of Smallpox to this country by sea and air from abroad makes the need for vaccination in infancy as great as it ever was. Many of the severe reactions seen in young people in the services following first vaccination in adult life would never occur if they had been vaccinated as infants when the complication rate is at its lowest.

That the public believe in vaccination is obvious by the insistent clamour for vaccination the moment a suspect Smallpox is diagnosed in any area; until a drug is developed that can cure Smallpox, vaccination in infancy remains the means of prevention. We should all do our utmost to encourage primary vaccination in infancy. The present position is one of extreme apathy.

School Health Services in Division 26.

There are approximately 7,950 children of school age in the division. The health of these children is observed by routine medical inspection and by special inspection and supervision of those cases where any departure from normal health is detected. The special investigations, so necessary in such matters, are carried out, with the consent of the family doctor, by the services of the local hospitals. There is interchange of information at all levels with the family physician. The school health service in Division 26 undertakes no treatment save in some cases of Impetigo and discharging ears. Dr. M. R. Menzies is engaged mainly in school medical work including the selection of cases for suitable education and the grading of the handicapped pupils.

Number of Inspections of Schoolchildren.

Entrants	..	..	..	..	..	..	..	..	652
Last year in Primary school	..	..	..	..	..	..	..	..	6
School leavers	..	..	..	..	..	..	..	..	573
Total	..	..	..	..	..	..	..	..	1,231
Number of Special Inspections	..	..	..	..	..	..	..	..	1,795
Number of Re-inspections	..	..	..	..	..	..	..	..	1,557
Total	..	..	..	..	..	..	..	..	3,352
Grand total of inspections carried out	..	..	..	..	..	..	..	..	4,583

In conjunction with the Service clinics are established as follows:

- (1) Ophthalmic Clinics are held at Dunford House and Barber's Avenue, with Dr. F. Fischer in charge.
- (2) Orthopaedic Clinics are held at Barber's Avenue, Mr. E. G. Herzog in charge.
- (3) Ear, Nose and Throat Clinic, Dunford House, Mr. P. H. Beales in charge. (This clinic was transferred to the Montagu Hospital 3.10.51.)
- (4) Paediatric Clinic, Barber's Avenue, Dr. C. C. Harvey in charge.
- (5) Child Guidance Clinic, Barber's Avenue (commenced May 1951), Dr. M. MacTaggart in charge.
- (6) Speech Therapy Clinic, Rock House, Swinton, Miss M. Fish in charge. (Commenced September, 1951.)
- (7) Ultra Violet Light, Dunford House and Barber's Avenue. (In the winter months only.)

Child Guidance Clinic.

The Child Guidance Clinic is a great new asset to the school health service. Children suffering from behaviour problems, and mental stress are referred here, and, with the co-operation of their parents, it is hoped that a solution of the child's difficulties may be found before permanent damage has arisen. The services of the Education Psychologist are of value in assessing the capabilities of the more difficult educationally sub-normal children.

Speech Therapy Clinic.

Children with speech defects are referred to this clinic. Gross cases of speech defect, such as are common in cases of cleft palate, etc., remain under instruction whilst the surgical repair of the condition is carried out.

Infestation with Vermin.

Total number of examinations in schools by the School Nurse	29,015
Number of children found infected	1,112
Expressed as a percentage	3.8%

In general the degree of infestation is less than in previous years but there still exists a hard core of chronic infestation in a small number of unfortunate children. Where repeated cases come to light in the same children it is found that the centre of infection lies in the child's home. In such cases infestation is one of the manifestations of the problem family.

General Observations.

I am pleased to report that the nutrition and health of the school children remains satisfactory.

Annual Report of the Sanitary Inspector

for the Year 1951

*To the Chairman and Members of the
Wath-upon-Dearne Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report for the year ending 31st December, 1951.

SANITARY INSPECTION OF THE DISTRICT.

During the year the following inspections were made:

Nature of Inspection.	Number of Inspections made.
Houses for structural defects	219
Houses for overcrowding	20
Houses for vermin	154
Housing (miscellaneous visits)	19
Premises for nuisances (general)	518
Caravan dwellings	13
Common Lodging Houses	17
Cinemas	3
Factories	4
Rats and Mice infestations	95
Refuse collection	57
Refuse disposal	64
Smoke observations	18
Nuisances (miscellaneous visits)	111
Dairies and Milkshops	27
Ice-cream premises	19
Food shops, vans and stalls	36
Canteens	9
Bakehouses	3
Preserved food preparing premises	4
Meat inspection visits	121
Visits for sampling	25
Food inspection (miscellaneous visits)	8
Visits <i>re</i> infectious diseases	21
Total	1585

Complaints Received.

319 complaints were received at the Office during the year and are classified as follows:

Nature of Complaint.							Number of Complaints received.
Defective dustbins	..	..	..	..	..	..	6
Dustbins not emptied	..	..	..	..	..	..	6
Broken manhole covers	..	..	..	..	..	..	3
Choked or leaking drains	..	..	..	..	..	..	88
Defective waterclosets	..	..	..	..	..	..	9
Defective watercloset fittings	..	..	..	..	..	..	14
Defective watercloset structures	..	..	..	..	..	..	3
Defective eaves, gutters and fallpipes	..	..	..	..	..	..	6
Defective paving	..	..	..	..	..	..	3
Burst pipes	..	..	..	..	..	..	8
General housing defects	..	..	..	..	..	..	67
Unfit houses	..	..	..	..	..	..	4
Dirty premises	..	..	..	..	..	..	10
Vermin and other insect pests	..	..	..	..	..	..	7
Overcrowding	..	..	..	..	..	..	4
Accumulations	..	..	..	..	..	..	12
Defective sinks	..	..	..	..	..	..	6
Insufficient water supply	..	..	..	..	..	..	3
Keeping of animal nuisances	..	..	..	..	..	..	5
Rodent infestations	..	..	..	..	..	..	30
Smoke nuisances	..	..	..	..	..	..	5
Miscellaneous	..	..	..	..	..	..	20
Total							319

Particulars of Notices served under Public Health Acts.

Number of written informal notices served requiring nuisances and defects to be remedied	..	..	..	..	..	173
Number complied with	..	..	..	..	..	83
Number of verbal intimations given	..	..	..	..	..	101
Number complied with	..	..	..	..	..	100
Number of Statutory notices served	..	..	..	..	..	26
Number complied with by owner or occupier	..	..	..	..	..	23
Number of notices where work executed in default	..	..	..	..	..	2

Nature of Defects remedied under Public Health Acts.

Choked drains, gullies, etc., cleansed	..	..	..	..	..	86
Drains re-constructed and repaired	..	..	..	..	..	7
Defective drain inspection chambers repaired	..	..	..	..	..	2
Watercloset fittings repaired or renewed	..	..	..	..	..	6
Watercloset structures repaired or renewed	..	..	..	..	..	12
Watercloset basins provided	..	..	..	..	..	1
Additional waterclosets provided	..	..	..	..	..	5

Dirty waterclosets cleansed	1
Sinks renewed	6
Sink waste pipes renewed	3
Domestic hot water system provided	1
Washing boilers renewed	1
Baths installed	2
Accumulations of refuse removed	6
Accumulations of water removed	2
Dustbins renewed	7
Mis-use of dustbins	1
Electric fans provided	1
Ventilation shafts cleansed	1
Keeping of animal nuisances abated	2
Dirty and/or verminous premises cleansed	6
Cockroach infestations cleared	4
Red mite infestations cleared	2
Rodent infestations cleared	4
Smoke nuisances abated	3
Yards and passages paved	3
Covers provided to cellar openings	1
Roofs repaired	9
Chimneys repaired	2
Eaves gutters and fallpipes cleansed, repaired or renewed ..	3
Fractured walls repaired	2
Wall and ceiling plaster repaired	10
Windows repaired	11
Fireplaces and cooking ranges repaired or renewed	14
Stairs repaired	1
Floors repaired	6
Doors repaired	3
New weather boards provided	1
Miscellaneous defects remedied	5

HOUSING.

There appeared to be no general improvement during the year in the repair of privately owned dwelling houses and great difficulty was met with in securing essential repairs. Attempts to operate the provisions of the Housing Acts relating to the repair of houses have not proved satisfactory as these provisions are so closely related to conditions appertaining in 1936 when the Act came into operation; they are almost unworkable in the circumstances prevailing in 1952, particularly in the case of houses where they are most needed, i.e., in the case of badly maintained property.

Subsidence due to mine workings continued to cause damage to many buildings in the area. Demolition Orders were made in respect to two dwelling houses solely on account of the damage caused to them by subsidence.

Housing statistics for the year are as follows:

Number of dwelling houses in district	4286
Number of back-to-back houses included in above	14

1. Inspection of dwelling houses during the year:	
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	151
(b) Number of inspections made for the purpose ..	219
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	7
(b) Number of inspections made for the purpose ..	46
(3) Number of dwelling houses needing further action:	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for habitation ..	5
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	146
2. Remedy of defects during the year without service of formal notices:	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	37
3. Action under Statutory Powers during the year:	
A. Proceedings under sections 9, 10 and 16, Housing Act, 1936:	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	1
(2) Number of dwelling houses which were rendered fit after service of formal notices:	
(a) By owners	Nil
(b) By Local Authority	Nil
B. Proceedings under Public Health Acts:	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	5
(2) Number of dwelling houses in which defects were remedied after service of formal notices:	
(a) By owners	1
(b) By Local Authority in default of owners	Nil
C. Proceedings under sections 11 and 13 of the Housing Act, 1936:	
(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation	4
(2) Number of dwelling houses in respect of which Demolition Orders were made	4
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	2
D. Proceedings under section 12 of the Housing Act, 1936:	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	1
(2) Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	Nil

4. Housing Act, 1936—Part IV—Overcrowding:

(a) (1) Number of dwellings overcrowded at the end of the year	36
(2) Number of families dwelling therein	47
(3) Number of persons dwelling therein	279
(b) Number of new cases of overcrowding reported during the year	7
(c) (1) Number of cases of overcrowding relieved during the year	15
(2) Number of persons concerned in such cases ..	127

5. New Houses.

Number of new houses provided during the year:

By Local Authority: Permanent type	80
Temporary type	Nil
By Private Enterprise	11

6. Housing Act, 1949.

Action in connection with Section 20, "Grants to persons other than Local Authorities for improvement of housing accommodation"	Nil
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Sanitary Accommodation.

The following table shows the number of dwelling houses and other buildings in the District and the sanitary accommodation provided thereat:

Ward.	Dwelling Houses.	Dwelling Houses with Shops (included in Col. 1).	Shops and Factories.	Miscellaneous Buildings.	Privies.	Water Closets.	Fixed Ashpits.		Dustbins.	Cesspools.	Slop Closets.	Chemical Closets.
							Wet.	Dry.				
Central ..	1408	45	48	40	8	2026	6	11	1455	4	—	7
East ..	721	32	11	9	19	834	8	1	725	4	—	5
Wharncliffe ..	781	25	25	15	—	924	—	1	852	—	—	—
Winterwell ..	643	42	26	14	2	734	1	2	674	—	1	—
Melton ..	733	27	23	17	—	807	—	4	746	1	—	—
Totals ..	4286	171	133	95	29	5325	15	19	4452	9	1	12

Tents, Vans and Sheds.

Three caravans used for human habitation were stationed in the district during the year. They are considered to be unsatisfactory as permanent dwellings and licences were granted to the occupiers to use such dwellings for a period of 12 months only.

An application for a licence to allow land to be used as a site for moveable dwellings was refused by the Council.

Cleansing of Dirty and Verminous Premises.

Efforts were continued during the year to reduce verminous conditions in dwelling houses. The household furniture and effects belonging to 8 families were fumigated with hydrogen cyanide before

delivery to new Council Houses. The cost of removal and fumigation in the case of seven families was borne by the Council. In the case of one family where the Council were satisfied of neglect on the part of the occupier, the cost was charged to the family being re-housed.

Two dwelling houses were treated for the destruction of bed bugs, liquid and powder insecticides containing D.D.T. or Gammexane being used.

Seven houses were treated for cockroach infestation. Bed bug infestations have been considerably reduced during recent years. There are, however, many houses infested with cockroaches; thorough cleanliness of floors of dwelling houses is essential in ridding the premises of this pest, and from this point of view floor cleanliness is more important than decoration of walls and ceilings.

Control of Insect Pests.

Attempts were made during the summer months to reduce house fly infestation of dwelling houses by spraying farm buildings near the built-up areas of the District with insecticide, and by requiring removal of accumulations of manure. Pig keepers were also encouraged to use suitable powder insecticides on manure accumulations.

Assistance was given in the treatment of two houses infested with vegetable mites (*Bryobia*) and advice given on several occasions with respect to the treatment of woodwork infested with "wood-worm."

Rodent Destruction.

30 manholes on the foul sewers were test baited in May to ascertain the degree of rat infestation. Evidence of rat infestation was found in two manholes and poison baits were laid in the infested sewers in June.

One of the Council's employees engaged primarily as a refuse collector is employed part of his time as a rodent operator. Dwelling house premises are treated for the destruction of rats or mice without charge to the occupier; business premises are treated only where the owner or occupier agree to pay the cost of the treatment. The following table records the work carried out:

MEASURES OF CONTROL BY LOCAL AUTHORITY

Type of Property.	No. of Properties Inspected.	No. infested with Rats.	No. infested with Mice.	No. of infested Properties treated by Local Authority.
Local Authority ..	6	4	—	4
Dwelling House ..	104	44	24	68
Business Premises ..	16	4	2	6
Agricultural	2	—	—	—

Atmospheric Pollution.

The dirty condition of the atmosphere over the District is considered to be a major nuisance, but one for which it appears impossible to find an immediate remedy. A series of 30 minute observations were taken in July of a factory chimney concerning which complaints of

excessive smoke emission had been received. As a result of the action taken by the Council there has been some improvement. Hopes are entertained that smoke emission from the boiler chimneys at the local Collieries will soon be a thing of the past. The use of electric engines on the railway marshalling yard is welcomed from the smoke prevention point of view but there is still some smoke from coal fired railway engines in that area.

The problem of domestic smoke appears more difficult to solve and the nuisance must be increasing. In 1901 there were 1681 houses in the District with chimneys sending forth smoke whereas in 1951 there were 4286; it appears therefore safe to say that the total domestic smoke emission will have increased considerably during the past 50 years. The greater use in each house of smokeless fuels is therefore essential if a cleaner atmosphere is to be obtained, and the need for both new and old houses to be fitted as far as possible with smokeless fuel appliances is indicated.

Several complaints were dealt with relating to nuisance from the emission of smoke from low chimneys. Single storey buildings such as shops and small workshops, greenhouses and fried fish shops are the main offenders in this case. The use of smokeless heating appliances is very often the only practicable remedy which can be recommended in these instances.

Inspection of Factories.

Premises.	Number on Register.	Number of:	
		Inspections.	Written Notices.
(1) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	8	1	Nil
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ..	34	3	1
(3) Other premises in which Section 7 is enforced by Local Authority	4	1	Nil

The written notice referred to the lack of sanitary conveniences at the factory concerned. This notice had not been complied with by the end of the year.

Outworkers.

No lists of outworkers were received during the year, and, so far as is known, no persons resident in the District are employed in the scheduled classes of work, as outworkers.

Public Swimming Bath.

The water in the public swimming bath is subject to continuous filtration and chlorination when the bath is in use, in order to maintain a satisfactory standard of purity.

Four samples of water from the swimming bath were submitted to the Central Public Health Laboratory for examination and the results are set down below:

Sample No.	Date.	Presumptive B.Coli in 100 ml. of water.	p.H. Value.	Free Chlorine in 1,000,000 parts of Water.
1	4/ 9/51	None	8.0	0.7
2	4/ 9/51	None	8.0	0.6
3	20/11/51	None	7.3	0.8
4	20/11/51	None	7.2	0.8

Samples numbered 1, 3 were taken from the inlet end of the bath, and samples numbered 2, 4 from the outlet end.

INSPECTION AND SUPERVISION OF FOOD PREMISES.

Milk Distribution.

The quantity of "Loose" milk delivered from churn and hand-can in the District is now very small. The bulk of the milk is "Designated" milk, i.e. "Pasteurised," "Sterilised," "Accredited" or "Tuberculin tested" milk delivered in bottles. The defects in the distribution of bottled milk mentioned in my last report, viz., the deposit of bottled milk and empty bottles and crates on spare land, front gardens and back-yards, etc., has not been entirely remedied although some improvement was effected following the attendance of the Distributors concerned before a meeting of the Public Health Committee.

Nine persons are registered as Distributors of milk, of these, 6 are delivering milk from door to door and 3 are selling bottled sterilised milk in their shop premises. In addition about 10 dairy farmers are retailing milk in the area from their dairy farms.

Designated Milk.

The number of licences granted to sell designated milk were as follows:

Grade of Milk.	Type of Licence.	Number of Licences Granted.
Sterilised	Supplementary	1
Pasteurised	Supplementary	3
Tuberculin Tested	Supplementary	1
Sterilised	Dealer's	3
Pasteurised	Dealer's	8
Tuberculin Tested	Dealer's	5

Bacteriological Examination of Milk.

Six samples of milk were obtained and submitted to the Central Public Health Laboratory for examination, and the results are given below:

Sample No.	Date of Sampling.	Grade of Milk.	Methylene Blue Test. Decolorisation Period.	Phosphatase Test. L.B.U. Reading.
416	26/9/51	Pasteurised	N	1.5
417	26/9/51	Tuberculin Tested	N	—
418	26/9/51	Tuberculin Tested	N	—
419	26/9/51	Accredited (farm bottled)	N	—
420	26/9/51	Pasteurised	N	1.6
421	26/9/51	Sterilised	Turbidity test—Good	

N indicates that the sample was NOT decolorised within the time specified by the Regulations, and the milk thus satisfied the Methylene Blue Test.

Biological Examination of Milk.

Eight samples of milk, Nos. 422–429, were submitted to the laboratory for biological examination for the presence or otherwise of tubercle bacilli. No evidence of tuberculosis was found. All the samples were of raw ungraded milk produced within the district.

Inspection of Meat and other Foods.

The meat supply for the District is brought from Sheffield Abattoir and is delivered by road transport to the butchers shops. An improvement had taken place in the type of vehicle used for meat transport.

Inspection of Cottagers' Pigs.

Number of cottagers' pigs slaughtered	..	..	..	..	127
Number of cottagers' pigs inspected	..	..	..	..	125
Number of carcasses in which some part was condemned for disease other than Tuberculosis	..	..	..	..	Nil
Number of carcasses in which some part was condemned for Tuberculosis	..	..	..	..	6
Number of whole carcasses condemned	..	..	..	..	Nil
Total weight of fresh-killed meat condemned	..	..	..	..	147 lbs.

The following foodstuffs were condemned at foodshops:

Article.	No. of Cans, Jars or Packets.	Weight.
Canned Meat	53	420 $\frac{1}{4}$ lbs.
Minced Beef	—	72 lbs.
Sausage	—	34 lbs.
Bacon	—	30 lbs.
Canned Fish	60	16 lbs.
Codfish	—	200 $\frac{1}{2}$ lbs.
Canned Milk	93	78 lbs.
Preserves	75	76 $\frac{1}{2}$ lbs.
Canned Vegetables	146	130 $\frac{3}{4}$ lbs.
Canned Soup	30	30 lbs.
Canned Fruits	115	128 lbs.
Sauce and Pickles	28	43 $\frac{1}{4}$ lbs.
Tapioca, etc.	—	4 $\frac{3}{4}$ lbs.
Pom Potatoes	70	52 $\frac{1}{2}$ lbs.
Cake Flour	38	20 $\frac{1}{2}$ lbs.
Self Raising Flour	7	21 lbs.
Cheese	—	10 lbs.
Coffee	3	3 lbs.
Cordial	2	2 lbs.
Totals	720	1520 lbs.

In all cases the unsound food was surrendered by the owner, and collected and destroyed by the local authority.

Inspection of Premises Used for the Sale of Food.

Most of the visits to food shops were made at the request of the occupier in order to deal with unsound foods. A few routine inspections were made with respect to cleanliness and to secure compliance with the byelaws relating to the handling of food, but the staff available is not sufficient to enable a reasonable amount of supervision to be exercised.

Ice Cream Premises.

There are no premises in the District registered for the manufacture of ice cream.

In the case of one shop the registration of the premises for the sale of ice cream was cancelled in accordance with the provisions of section 14, Food and Drugs Act, 1938, as the premises were considered unsuitable for the purpose. At the end of the year 20 premises were registered for the sale of ice cream. These are all food shops selling pre-packed ice cream from electric refrigerated storage cabinets installed in the shops.

Ice cream vehicles were inspected from time to time. Generally, they were found not to have the facilities one would desire for washing hands and maintaining cleanliness of equipment.

Five samples of ice cream were purchased and submitted to the Central Public Health Laboratory for bacteriological examination.

Sample No.	Shop or Vehicle.	Date Purchased.	Result of Methylene Blue Test. Decolorisation.	Provisional Grade.	Remarks. Type of Pack.
31	Shop	16/8/51	Not in 4 hours	1	Wrapped block
32	Shop	16/8/51	in 4 hours	2	Unopened tub
33	Shop	16/8/51	Not in 4 hours	1	Unopened tub
34	Shop	16/8/51	Not in 4 hours	1	Unopened tub
35	Shop	16/8/51	in 4 hours	2	Unopened tub

PUBLIC CLEANSING.

The collection and disposal of house and trade refuse was continued during the year on much the same lines as in previous years. The District is divided into two areas for refuse collection purposes and the dustbins were emptied 50 times during the year in one area and 49 times in the other. There is no reserve of labour available to quickly make good the man/hours lost in holidays, or to handle the increased refuse at Christmas and "Spring cleaning" time, and cleaning up after these occasions has to be done gradually.

The position with regard to the maintenance of dustbins continued to be unsatisfactory and there are many dilapidated dustbins in the District. The Council ceased in January 1951 to serve notices requiring owners to renew dustbins and no alternative scheme for dustbin maintenance was put into operation.

All refuse was tipped at the Wet Moor Lane refuse tip, except for salvage materials which were dealt with at the Skin Yard Depot. The Fire Services gave assistance in the early part of the year to extinguish a fire in one portion of the tip. Tests taken since of the temperature in this portion of the tip indicate that the fire has been extinguished. The final layer of refuse was completed on 3.3 acres of the tip and the surface left ready for soiling and seeding.

Salvage of certain waste materials continued during the year, and very high prices were received for waste paper and cardboard. A collection of cardboard and waste paper was made up from shop premises once per week without charge to the occupiers. Putrescible refuse was collected from 6 premises on payment of refuse collection charges. Refuse was collected from canteens twice per week in the summer months.

The following statements with respect to the work done, costs incurred, and weights of materials salvaged are for the year ending 31st March, 1952.

Refuse Collection.

Type of Receptacles emptied.	Number emptied.	Number of Loads of Refuse.
Dustbins	214,423	2,650
Dry Ashpits	196	21
Privy Ashpits	71	12
Trade Refuse Bins	1,431	18
Waste Paper and Cardboard	—	147
Total number of loads collected		2,848

Refuse Disposal.

House and trade refuse delivered at tip	2701 loads
Refuse delivered at tip by private owners	64 „
Refuse delivered at tip by Engineer and Surveyor's Dept.	2158 „
Salvage from shops delivered at Skin Yard Depot	147 „
Total number of loads of refuse disposed of	<u>5070</u>

Sale of Salvage.

The weights of the various classes of material sold and despatched to the purchaser during the year ended 31st March, 1952, were as follows:

Materials.	WEIGHT.			
	Tons.	Cwts.	Qrs.	Lbs.
Waste Paper	95	14	0	12
Textiles	3	4	1	0
Bones		6	2	0
Non-ferrous Metals		6	2	3
Ferrous Metals	25	7	3	14
Bottles and Jars	1	3	2	22
	<u>126</u>	<u>2</u>	<u>3</u>	<u>23</u>

Expenditure and Income.

Details of expenditure and income are as follows:

<i>Expenditure.</i>	£	s.	d.	£	s.	d.
Refuse collection	5367	7	11			
Refuse disposal	1151	7	2			
				<u>6518</u>	<u>15</u>	<u>1</u>
<i>Income.</i>						
Sale of salvage	2040	5	5			
Trade refuse and tip charges ..	18	6	6			
Rents	6	1	8			
				<u>2064</u>	<u>13</u>	<u>7</u>
Net cost of refuse collection and disposal ..				<u>£4454</u>	<u>1</u>	<u>6</u>

The net cost for the collection and disposal of refuse during the year amounted to £1,039 4s. 0d. per 1,000 houses. The cost per 1,000 houses in 1939 was £670 4s. 10d.

I thank the Chairman and Members of the Council for the support and encouragement they have given to me during the year, and the Officers of the Council for their assistance and co-operation.

I am, Ladies and Gentlemen,

Your obedient Servant,

W. W. WILKINSON,

Sanitary Inspector.

